MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5/7847 APPLICANT(S)

FILING DATE

WITH FORM PTO-875)

APPLICAN

CI	A	Th	4S
T.I.	<i>-</i>		

	AS FILED			AFTER		TER		ASI	AS FILED		AFTER 1"AMENDMENT		TE
ŀ				1"AMENDMENT	2 nd AMENDMENT			2 AMEND					
┥	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	I
_		1-1-	†				51 52						┼-
							53		-			ļ	┼
_							54		†~~~·				╁╾
4			J				55						+-
4			↓				56		1.				\vdash
4			<u> </u>				57						
		+	+	 			58						
1		 	 				59						
7		1 		 			60		ļ				<u> </u>
寸		1-1-	1	 			62						L
1							63						
							64						┞
\perp							65						⊢
4		(3)					66						-
-		<u> </u>					67						1
+			I		ļ		68				·		
+			 				69		,				
+		 	_	 			70	-					
+		 	1	 			71		<u> </u>				
1			1				72 73						
							74	 					_
							75	 					-
_							76					+	_
┵							77						
4							78						
╂			 				79						
╁		 	 				80						
+				 			81						
1			-				82 83						
T							84						
							85	1					
┸							86	1					
1							87						
+							88					-	_
┨							89						
+							90						
十							91	1					
			***				92					4	
L							93	 			 -		
							95	 			<u> </u> -	 -	
1							96	1				+	
1							97						
╀			 				98						
╁			 				99					$\neg \neg$	
╁	7						100						
	メー	♣		♣ 1		#	TOTAL IND.		TI		1		
	M	_		_ F		_ 1	TOTAL	+	, T		Y L		1
1	Щ.	7		7	•	-	DEP.		(-	•	(=	,	4
Ц	9						TOTAL CLAIMS						
	REV. 11/04									MENT of COM			